



COMMERCIAL BUILDING COMMUNITY DEVELOPMENT BUILDING DIVISION

806 WEST MAIN STREET • MONROE, WA 98272
City Hall 360.794.7400 • Fax 360.794.4007

INSTRUCTIONS:

Below is a checklist of items that must be submitted as part of your application for a New Commercial Building. Please verify submittal requirements for associated Land Use Applications with the Planning Department at 360.863.4532. Please verify submittal requirements for associated Fire and Engineering Department permits at 360.863.4527. Numbers in parenthesis equal the number of copies required.

If you have any questions about what is required, or if you would like to schedule an intake appointment, please call the 360.863.4527.

SUBMITTAL CHECKLIST

- ◇ (1) Original of the Combined Permit Application form
- ◇ (2) structural calculations
- ◇ (2) Architectural drawings
- ◇ (1) Signed Registered Design Professional in Responsible Charge form
- ◇ Plumbing/Mechanical fixture count sheet (if not listed as deferred submittal)
- ◇ Washington State Energy Code checklist
- ◇ Current copy of Labor & Industries contractor's license
- ◇ Lighting Summary Forms
- ◇ Envelope Summary Forms
- ◇ (2) Civil plans
- ◇ (2) Landscape / Irrigation plans
- ◇ (2) Soils report
- ◇ (2) Storm water drainage reports
- ◇ (2) Traffic report
- ◇ Utility Service Agreement
- ◇ (2) copies of site plan to scale



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Adopted State Codes – Effective July 1st, 2016

The City of Monroe enforces the following Washington State Building Codes and amendments; the Washington Administrative Code (WAC) Title 51 and as amended by the Monroe Municipal Code Title 15:

2015 International Building Code (IBC)
2015 International Existing Building Code (IEBC)
2015 International Residential Code (IRC)
2015 International Fire Code (IFC)
2015 International Mechanical Code (IMC)
2015 International Fuel Gas Code (IFGC)
2015 Uniform Plumbing Code (UPC)
2015 ICC Energy Conservation Code with State amendments

Structural Design Criteria

Seismic Design Category: **IRC D1/D2 / IBC - D**

Basic Wind Speed: 85 mph

Exposure Category: B

Frost Depth: 18"

Snow load: 25 lbs/sq ft

*A soils investigation is required for commercial projects, residential short plats and subdivisions and some instances residential lots.



COMMUNITY DEVELOPMENT PERMIT DIVISION

806 West Main Street, Monroe, WA 98272
Phone (360) 863-4501 building@monroewa.gov
www.monroewa.gov

FOR OFFICE USE ONLY

APPLICATION #(s) _____

COMBINED PERMIT APPLICATION

Permit Submittal Hours:
Monday-Friday 8:00-12:00 / 1:00-4:00

Building	Operations	Fire	Land Use
<input type="checkbox"/> Basic SFR	<input type="checkbox"/> Engineering Review	<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Type I Permit
<input type="checkbox"/> Commercial T/I	<input type="checkbox"/> Fencing	<input type="checkbox"/> Fire Sprinkler	<input type="checkbox"/> Type II Permit
<input type="checkbox"/> Demolition	<input type="checkbox"/> Grading	<input type="checkbox"/> High Piled Storage	<input type="checkbox"/> Type III Permit
<input type="checkbox"/> Garage/Carport	<input type="checkbox"/> Retaining wall	<input type="checkbox"/> Hood Suppression	<input type="checkbox"/> Type IV Permit
<input type="checkbox"/> Mechanical	<input type="checkbox"/> Rockery	<input type="checkbox"/> Spray Booth	<input type="checkbox"/> See permit types listed in Monroe MMC
<input type="checkbox"/> New Construction (Commercial/Residential)	<input type="checkbox"/> Right-of-Way Disturbance	<input type="checkbox"/> Tents & Canopies	<input type="checkbox"/> Other _____
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Utility Service	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Racking	<input type="checkbox"/> Other _____		
<input type="checkbox"/> Residential Remodel			
<input type="checkbox"/> Other _____			

NOTE: All required Electrical Permits will be issued by the
Dept. of Labor & Industries.

THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT COMPLETED SUBMITTAL REQUIREMENTS

Site Address or Property Location: _____

Size of site (acre/square feet): _____

Assessor's Tax Parcel Number (14 digits): _____

Applicant: _____ Phone # (____) _____

*Signature: _____ Printed Name: _____

Mailing Address: _____

City _____ State _____ Zip _____ E-mail _____

Property Owner: _____ Phone # (____) _____

**Signature: _____ Printed Name: _____

Mailing Address: _____

City _____ State _____ Zip _____ E-mail _____

Attach a separate sheet for additional property owners/additional addresses

*Applicant: By your signature above, you hereby certify that the information submitted is true and correct and that you are authorized by the property owner(s) to act on their behalf.

**Property Owners: by your signature above, you hereby certify that you have authorized the above applicant to make application on your behalf for this application.

Combined Permit Application - Page 2

Contractor: _____ Phone # _____

Contractor's License # _____ Exp Date _____

Email _____

Mailing Address _____

Contractor's Bond Company: _____

Contractor's Bid Amount or Project Cost (labor and materials): \$ _____

Detailed description of proposal/work:

Lending Institution for project (if applicable): _____

FOR OFFICE USE ONLY

Residential:

Living area: _____ sf x \$ _____ = \$ _____

Garage / Carport: _____ sf x \$ _____ = \$ _____

Deck / Porch: _____ sf x \$ _____ = \$ _____

Total valuation: \$ _____

Commercial:

(fill in type) _____ sf x \$ _____ = \$ _____

(fill in type) _____ sf x \$ _____ = \$ _____

Total valuation: \$ _____

Plan Check Fee: _____

Permit Fee: _____

State Fee: _____

Fire Plan Check Fee: _____

Technology Fee: _____

SEPA Fee: _____



**REGISTERED DESIGN PROFESSIONAL
IN RESPONSIBLE CHARGE
COMMUNITY DEVELOPMENT
BUILDING DIVISION**

806 WEST MAIN STREET • MONROE, WA 98272
City Hall 360.794.7400 • Fax 360.794.4007

At time of permit application the *owner* of record shall designate a *registered design professional* who shall act as the *Registered Design Professional in Responsible Charge* in accordance with Section 107.3.4 of the 2015 International Building Code. The *Registered Design Professional in Responsible Charge* shall be an Architect or Engineer licensed in the State of Washington.

As the OWNER OF RECORD, I designate the following Architect/Engineer as the *Registered Design Professional in Responsible Charge* for the project indicated below. I understand that the Architect/Engineer will review and coordinate certain aspects of the project for compatibility with the design of the building or structure, including submittal documents prepared by others, deferred submittal documents and phased submittal documents. I also understand that I will notify the *Building Official* in writing if the *Registered Design Professional in Responsible Charge* is changed.

Project address: _____

Project/Tenant name: _____

Architect/Engineer _____

Owner of Record (print): _____

Owner of Record signature: _____

PLUMBING AND MECHANICAL FEES (PER UNIT) – TABLE 103.4.2 (A)

Commercial plumbing & mechanical permits are required to submit line drawings. A plan review fee of 65% for plumbing and 25% for mechanical are assessed at the time of submittal. All permits are subject to a 5% technology fee.

#	<u>Plumbing</u>	
	Additional plan review fees / hr.	\$ 50.00
	Backflow Assembly	\$ 10.00
	Base Plumbing Fee	\$ 30.00
	Bath/Shower Combo	\$ 10.00
	Bathtub or soaking tub	\$ 10.00
	Building Main Waste	\$ 30.00
	Clothes Washer	\$ 10.00
	Dishwasher – residential/ commercial	\$ 10.00/ \$20.00
	Drinking Fountain	\$ 10.00
	Floor Drains	\$ 10.00
	Floor Sink	\$ 10.00
	Grease Interceptor < 1000 gal.	\$ 25.00
	Grease Interceptor 1000 gal. or greater	\$100.00
	Hose Bibb	\$ 10.00
	Icemaker / Refrigerator	\$ 10.00
	Kitchen Sink and/or Disposal	\$ 10.00
	Laundry Tray	\$ 10.00
	Lavatory	\$ 10.00
	Med Gas Piping<5 inlets/outlets	\$ 60.00
	Med Gas Piping>5 inlets/outlets (per unit)	\$ 5.00
	Other/misc.	
	PW inspection fee for backflow	\$ 34.13
	Pretreatment Interceptor	\$10.00
	Reinspection fee (all)	\$ 50.00
	Roof Drains	\$ 10.00
	Side sewer inspection/install	\$ 25.00
	Sewer repair	\$ 25.00
	Shower (only)	\$ 10.00
	Sink (bar, service, etc.)	\$ 10.00
	Supplemental Permit Fee (amend existing permit)	\$ 10.00
	Tankless Water Heater	\$ 10.00
	Toilets	\$ 10.00
	Urinal	\$ 10.00
	Water Heater	\$ 10.00
	Water installation and/or repair (includes fire supply lines)	\$ 25.00

#	<u>Mechanical</u>	
	Additional plan review fees/ hr.	\$ 50.00
	Air Cond. Unit < 100 Btu/h	\$ 40.00
	Air Cond. Unit > 100 Btu/h	\$ 50.00
	Air Cond. Unit > 500 Btu/h	\$ 52.00
	Air Handling Units	\$15.00
	Base Mechanical Fee	\$ 30.00
	Boiler < 100Btu/h >3hp	\$ 25.00
	Boiler > 1 million Btu/h < 50hp	\$ 70.00
	Boiler > 1.5million Btu/h <50hp	\$100.00
	Boiler > 100Btu/h 3-15hp	\$ 40.00
	Boiler > 500Btu/h 15-30hp	\$ 52.00
	Comm. Hood - Type I	\$ 50.00
	Comm. Hood - Type II	\$ 25.00
	Dryer Ducting	\$ 10.00
	Ductwork (drawings req.)	\$ 20.00
	Evaporative Coolers	\$ 15.00
	Exhaust/Ventilation Fans	\$ 15.00
	Fireplace/Insert/Stove	\$ 15.00
	Forced Air Heat < 100 Btu/h	\$ 25.00
	Forced Air Heat > 100 Btu/h	\$ 40.00
	Gas Clothes Dryer	\$ 15.00
	Gas Fired AC < 100 Btu/h	\$ 25.00
	Gas Fired AC > 100 Btu/h	\$ 40.00
	Gas Fired AC > 500 Btu/h	\$ 52.00
	Gas Piping < 5 units	\$ 10.00
	Gas Piping > 5 units (per unit)	\$ 2.00
	Heat Exchangers	\$ 15.00
	Heat Pump or Condensing unit	\$ 20.00
	Hot Water Heat Coils	\$ 15.00
	Other/Misc.	
	Pkg. Units < 100Btu > 100Btu	\$ 50/80
	Range/Cook top-Gas Fired	\$ 15.00
	Refrigeration Unit < 100 Btu/h	\$ 25.00
	Refrigeration Unit > 100 Btu/h	\$ 40.00
	Refrigeration Unit > 500 Btu/h	\$ 52.00
	Residential Range Hood	\$ 10.00
	Reinspection fee (all)	\$ 50.00
	Supplemental Permit Fee (amend existing permit)	\$ 10.00
	Unit Heaters < 100 Btu/h	\$ 25.00
	Unit Heaters > 100 Btu/h	\$ 40.00
	VAV Boxes	\$ 10.00
	Wall Heater – gas fired	\$ 25.00
	Water Heater – gas fired	\$ 15.00



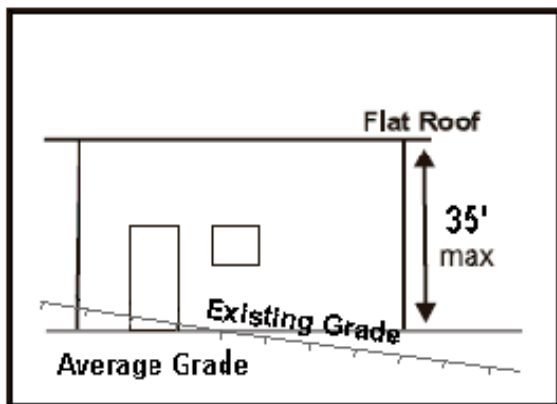
BUILDING HEIGHT INFORMATION

DEFINITIONS:

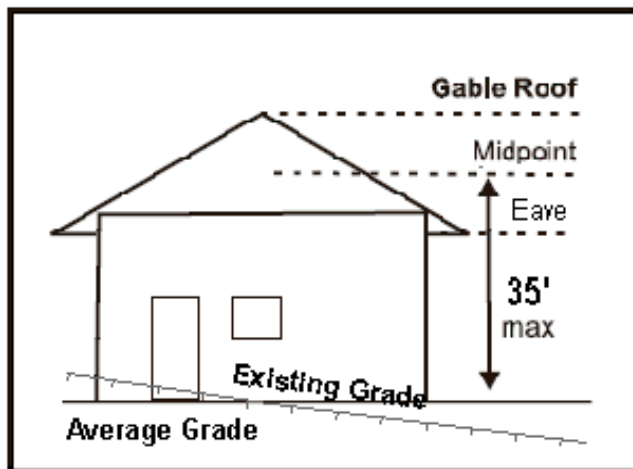
1. Height of building: the vertical distance from the average ground level to the average height of the roof surface.
2. Average grade: the standard grade plane derived from the four (4) corner average of the building envelope laid over the finished ground level.
3. * 35 feet is the maximum allowed height in most zoning districts.

Example 1: Sample Elevations Showing Building Height*

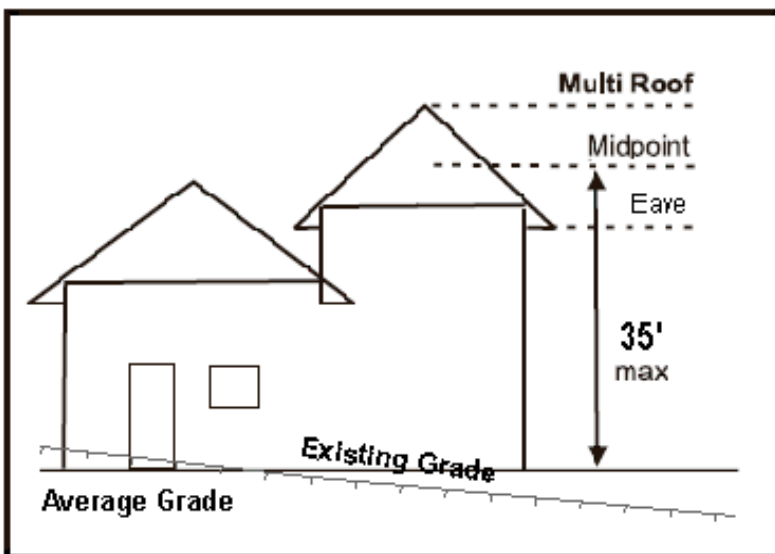
Flat Roof



Gable Roof



Multi-level Roof





Community Development

CITY OF MONROE
806 W. Main St - Monroe, WA 98272
Phone: (360) 794-7400
Fax: (360) 794-4007

Building Height Calculation Worksheet

Address: _____

Tax Parcel: _____

Benchmark: _____

Height Calculations

Point A = _____

Point B = _____

Point C = _____

Point D = _____

Average Grade $(A+B+C+D) \div 4 =$ _____

Max. Height = _____ Actual Height = _____ Prepared By: _____

Include contour lines, elevation points, and benchmark location or source on site plan to determine average grade

NOTICE: If the building height is at or within 3 feet of maximum building height, a licensed professional land surveyor must complete the attached certificate of average ground level.



Community Development

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Certificate of Average Ground Level for Determining Building Height

Date: _____

Address: _____ Tax Parcel No. _____

Legal Description:

I certify that I have measured the existing ground level at the above-described property and found that the arithmetic mean height to be _____ feet above /below the permanent benchmark at _____.

I further certify that height of the proposed building, on the property legally described above, is _____ feet.

Attach a map that includes contour lines, elevation points, and benchmark location or source on site plan to determine average grade. This document must be signed and stamped by a licensed professional land surveyor

Prepared By: _____

Signature: _____

Company: _____

Address: _____

Phone: _____

Complete Parts 1, 2A or 2B, and 3.

PART 1 – General Information

- You will need to fill out a utility service application if you are establishing or changing a city water or sewer service.
- Submittals: Site plan and irrigation water budget if applicable.
- Your water service will not be unlocked or turned on until all the information on this form is completed, returned, and approved by the City of Monroe.

New or existing construction _____

Square footage of building _____ Square footage of property _____

PART 2A – Single family residence / Multi-family up to 4 units

Single family residence? Yes _____ No _____

Multifamily residential (up to 4 units):

Number of units _____ Would you like a separate meter for each unit? _____

Would you like a separate irrigation meter? _____

(1) Please check any of the following that your residence has, or will have:

Auxiliary water system (well, pond, creek, other)	_____
Solar hot water heating system	_____
Home three stories or more tall	_____
Fire system (with or without booster pump)	_____
Fire system (with antifreeze)	_____
Irrigation system (with or without booster pump)	_____
Irrigation system (with chemical addition)	_____
Booster Pump	_____

(2) Are you aware of any existing backflow protection located at this property?

Please describe:

PART 2B – Commercial / Industrial / Multi-family greater than 4 units

Business name _____

Type of business _____

Number of residential units _____

Projected water usage _____ cf / month Total impervious area _____ sf

Please check all services requested:		Meter size requested:	Quantity:
Water	<input type="checkbox"/>	$\frac{3}{4}"$	<input type="checkbox"/>
Sewer	<input type="checkbox"/>	1"	<input type="checkbox"/>
Irrigation	<input type="checkbox"/>	1-1/2"	<input type="checkbox"/>
Fire Sprinkler	<input type="checkbox"/>	2"	<input type="checkbox"/>
	<input type="checkbox"/>	Other _____	<input type="checkbox"/>

Would you like a separate irrigation meter? _____ How many? _____

Are there any special sewer needs? _____

Are any chemicals or metals used on the site? If so, list _____

Please check any of the following that your facility has, or will have:

Air condition system (commercial)	_____	Chlorinators	_____
Air washer	_____	Computer cooling lines	_____
Aquarium make-up water	_____	Condensate tanks	_____
Aspirator, chemical	_____	Cooling towers	_____
(Herbicide, pesticide, weedicide)	_____	Decorative ponds	_____
Aspirator, Medical/lab	_____	Degreasing equipment	_____
Autoclave	_____	Dental equipment/cuspidors	_____
Autopsy table	_____	Dialysis equipment	_____
Auxiliary Water System	_____	Dye vats and tanks	_____
(Well, pond, creek, other)	_____	Etching tanks	_____
Baptismal fountain	_____	Fermenting tanks	_____
Bathtub, below rim filler	_____	Fertilizer injection	_____
Bedpan washer	_____	Film processors	_____
Beverage dispenser (post-mix Co2)	_____	Fire Department pumper	_____
Boiler feed lines	_____	connections	_____
Bottle washing equipment	_____	Fire system (with booster pump)	_____
Box hydrant (irrigation)	_____	Fire system (without chemicals)	_____
Building 3 stories or more tall	_____	Fire system (with antifreeze	_____
Car wash	_____	or chemicals)	_____
Chemical feed tank for	_____	Fume hoods (lab)	_____
industrial process	_____	Garbage can washers	_____

Chemical dispenser (commercial cleaners)	_____	Heat exchanges (other than double wall with leak path)	_____
Heat pumps	_____	Pump prime lines	_____
High pressure washers (commercial)	_____	Radiator flushing equipment	_____
Hot tubs (direct water connection)	_____	Recreational vehicle sewage dump	_____
Hot water heating boilers	_____	Sewer connected equipment	_____
Hydrotherapy baths	_____	Solar water heating system	_____
Ice makers	_____	Spas or spa chairs	_____
Industrial fluid systems	_____	Steam generating equipment	_____
Irrigation system (no chemicals)	_____	Stills	_____
Irrigation system (chemical)	_____	Swimming pools	_____
Laboratory equipment	_____	Trap primers	_____
Laundry machines (commercial)	_____	Used, reclaimed or gray water systems	_____
Livestock drinking tanks	_____	X-ray equipment	_____
Make-up tanks	_____		
Photo developing sinks/tanks	_____		

(1) Are you aware of any existing backflow protection located at this property?

Please describe: _____

(2) Please provide the name of all products or chemicals that are mixed with water at your location:

PART 3 – Billing Information
Name _____ Phone _____
Address _____
